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|---|------------------------|---|------------|--------------------|------------------------|-------------|----------------|----------------------|---------------|---------------|--------------|----------|------|---------------------|----------------|
| <p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3> | | <p>Complete if Known</p> | | | | | | | | | | | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/825,359-Conf. #8104</td> </tr> <tr> <td>Filing Date</td> <td>April 16, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>GIBSON, Peter</td> </tr> <tr> <td>Examiner Name</td> <td>R. R. Holmes</td> </tr> <tr> <td>Art Unit</td> <td>3762</td> </tr> <tr> <td>Attorney Docket No.</td> <td>22409-00107-US</td> </tr> </table> | | Application Number | 10/825,359-Conf. #8104 | Filing Date | April 16, 2004 | First Named Inventor | GIBSON, Peter | Examiner Name | R. R. Holmes | Art Unit | 3762 | Attorney Docket No. | 22409-00107-US |
| Application Number | 10/825,359-Conf. #8104 | | | | | | | | | | | | | | |
| Filing Date | April 16, 2004 | | | | | | | | | | | | | | |
| First Named Inventor | GIBSON, Peter | | | | | | | | | | | | | | |
| Examiner Name | R. R. Holmes | | | | | | | | | | | | | | |
| Art Unit | 3762 | | | | | | | | | | | | | | |
| Attorney Docket No. | 22409-00107-US | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TOTAL AMOUNT OF PAYMENT</td> <td>(\$) 0.00</td> </tr> </table> | | TOTAL AMOUNT OF PAYMENT | (\$) 0.00 | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT | (\$) 0.00 | | | | | | | | | | | | | | |

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☐ Deposit Account
 Deposit Account Number: **22-0185**
 Deposit Account Name: **Connolly Bove Lodge & Hutz LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
| | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Small Entity | Fee (\$) |
|--|--------------|----------|
| Each claim over 20 (including Reissues) | 52 | 26 |
| Each independent claim over 3 (including Reissues) | 220 | 110 |
| Multiple dependent claims | 390 | 195 |

| | | |
|--|--|----------------------------------|
| Total Claims 53 - 62 or HP = _____ | Extra Claims _____ x _____ = _____ | Fee (\$) _____ = _____ |
| HP = highest number of total claims paid for, if greater than 20. | | |
| Indep. Claims 3 - 3 or HP = _____ | Extra Claims _____ x _____ = _____ | Fee (\$) _____ = _____ |
| HP = highest number of independent claims paid for, if greater than 3. | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| _____ | _____ | _____ | _____ | _____ |

_____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

| | | | |
|---------------------|--------------------|--------------------------------------|------------------|
| SUBMITTED BY | | | |
| Signature | /Michael G. Verga/ | Registration No. (Attorney/Agent) | 39,410 |
| Telephone | (202) 331-7111 | | |
| Name (Print Type) | Michael G. Verga | Date | January 22, 2010 |